

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

05 DEC 16 PM 2:56

FRANKLIN COUNTY
BUREAU OF ELECTIONS

Full Name of Committee Committee to Elect Andrea Peeples for Judge						Registration Number, if PAC	
Full Name of Candidate Andrea C. Peeples							
Street Address 21 E. State Street, 12th Floor						Office Sought Franklin County Municipal Court Judge	
City Columbus						State O	Zip Code H 43215
	Pre-Primary		Post-Primary		Pre-General		Post-General
	July		August		September		Termination
	Monthly		Monthly		Monthly		Semiannual
Amended Report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Report Electronically filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		M		D	Y
				1		1	0 8 0 5

For candidates only, during an election year, if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box. No other forms are required at a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

Amount received from individual	\$ 25,246.41
Total individual contributions from all	\$ 7,910.00
Amount received from PAC	\$ 10,500.00
Total PAC contributions from all	\$ 43,656.41
Outstanding expenditures from	\$ 41,743.57
Outstanding expenditures from	\$ 1,912.84
Value of in-kind expenditures from	\$ 280.39
Value of in-kind expenditures from	\$ 0
Outstanding balance by committee	\$ 25,500.00
Outstanding balance by committee	\$ 0
Outstanding balance owed to committee	\$ 0
Outstanding balance owed to committee	\$ 0
Outstanding balance owed to committee	\$ 0
Outstanding balance owed to committee	\$ 0

THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION. WHOEVER
COMMITTS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE

John Corp Treasurer
Print Name and Title (Treasurer and Deputy Treasurer only)

John Corp
Signature

12/16/05
Date

Contribution
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Expenditure
pages 2

Other
pages 4

Total
pages 18

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Committee to Elect Andrea Peeples for Judge									
Full Name of Contributor Ariane R. Young						Registration Number, if PAC			
Street Address 1950 Roosevelt PL			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Gary		State IN		Zip Code 46404		M 1	D 0	Y 2305	Amount 200.00
Full Name of Contributor Yvonne B Clark						Registration Number, if PAC			
Street Address 4706 Brownstone Ln			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Houston		State TX		Zip Code 77053		M 1	D 0	Y 2305	Amount 20.00
Full Name of Contributor Jane A. Peeples						Registration Number, if PAC			
Street Address 6401 Stoll Lane			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Cincinnati		State OH		Zip Code 45236		M 1	D 0	Y 2305	Amount 50.00
Full Name of Contributor Alta Emerson						Registration Number, if PAC			
Street Address 7959			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Credit Card		
City Vienna		State VA		Zip Code 22182		M 1	D 0	Y 2105	Amount 100.00
Full Name of Contributor Tori Parker						Registration Number, if PAC			
Street Address 833 Lindenhaven Rd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Grahamma		State OH		Zip Code 43230		M 1	D 0	Y 2305	Amount 75.00
Full Name of Contributor Paula J. Lloyd						Registration Number, if PAC			
Street Address 8055 Fairway Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Columbus		State OH		Zip Code 43235		M 1	D 0	Y 2305	Amount 25.00
Full Name of Contributor Brenda J. Davis						Registration Number, if PAC			
Street Address 6340 Autumn Crest Ct			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Westerville		State OH		Zip Code 43082		M 1	D 0	Y 2005	Amount 30.00
Full Name of Contributor J. Tyler Rogers						Registration Number, if PAC			
Street Address 44 Pickett Place			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City New Albany		State OH		Zip Code 43054		M 1	D 0	Y 2005	Amount 200.00

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Page Total \$ 700.00

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Committee to Elect Andrea Peeples for Judge												
Full Name of Contributor Joshua T. Cox						Registration Number, if PAC						
Street Address 60 Sheffield Road			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check					
City Columbus		State OH		Zip Code 43214		M 10		D 23		Y 05		Amount 25.00
Full Name of Contributor Jason Macke						Registration Number, if PAC						
Street Address 2319 N. Fourth St.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check					
City Columbus		State OH		Zip Code 43202		M 10		D 25		Y 05		Amount 50.00
Full Name of Contributor Teamsters Local Union No. 413 Drive Fund						Registration Number, if PAC						
Street Address 555 E. Rich Street			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check					
City Columbus		State OH		Zip Code 43215		M 10		D 25		Y 05		Amount 100.00
Full Name of Contributor Columbus Franklin County AFL CIO PCE						Registration Number, if PAC						
Street Address 1545 Alum Creek Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check					
City Columbus		State OH		Zip Code 43209		M 10		D 21		Y 05		Amount 200.00
Full Name of Contributor Kilroy for Commissioner						Registration Number, if PAC						
Street Address 3886 N. High Street			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check					
City Columbus		State OH		Zip Code 43214		M 10		D 27		Y 05		Amount 250.00
Full Name of Contributor Jeffrey D Porter						Registration Number, if PAC						
Street Address 329 S. Richardson Ave			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check					
City Columbus		State OH		Zip Code 43204		M 10		D 24		Y 05		Amount 100.00
Full Name of Contributor						Registration Number, if PAC						
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)					
City		State		Zip Code		M		D		Y		Amount
Full Name of Contributor Contributions from Form 31-E						Registration Number, if PAC						
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)					
City		State		Zip Code		M 10		D 25		Y 05		Amount 1010.00

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Page Total \$ **1735.00**

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Committee to Elect Andrea Peeples for Judge							
Full Name of Contributor Dan Stewart for State Representative					Registration Number, if PAC		
Street Address 947 Goodale Blvd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus	State OH	Zip Code 43212	M 11	D 02	Y 05	Amount 50.00	
Full Name of Contributor Edward J Leonard					Registration Number, if PAC		
Street Address 4025 Berrybush Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus	State OH	Zip Code 43230	M 11	D 02	Y 05	Amount 100.00	
Full Name of Contributor I.B.E.W. - C.O.P.E.					Registration Number, if PAC		
Street Address 900 Seventh Street, NW		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Washington	State DC	Zip Code 20001	M 11	D 02	Y 05	Amount 1000.00	
Full Name of Contributor Laborer Int'l Union of North America Local 423 PAC Fund LA 912					Registration Number, if PAC		
Street Address 620 Alum Creek Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus	State OH	Zip Code 43205	M 11	D 02	Y 05	Amount 500.00	
Full Name of Contributor Eula D. Clemmons					Registration Number, if PAC		
Street Address 3449 Wilson Avenue		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Cincinnati	State OH	Zip Code 45229	M 11	D 02	Y 05	Amount 50.00	
Full Name of Contributor James Lowry					Registration Number, if PAC		
Street Address 2420 Larkfield Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Cincinnati	State OH	Zip Code 45222	M 11	D 02	Y 05	Amount 100.00	
Full Name of Contributor Julia L. Miller					Registration Number, if PAC		
Street Address 3219 Cooper Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Cincinnati	State OH	Zip Code 45241	M 11	D 02	Y 05	Amount 100.00	
Full Name of Contributor Edwin Malek					Registration Number, if PAC		
Street Address 1227 South High Street		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus	State OH	Zip Code 43206	M 11	D 02	Y 05	Amount 130.00	

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Page Total \$ **2030.00**

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Committee to Elect Andrea Peeples for Judge									
Full Name of Contributor Vorys Sater Seymour and Pease LLP						Registration Number, if PAC OH109			
Street Address 52 E. Gay St			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Columbus		State OH	Zip Code 43215		M 1	D 0	Y 05	Amount 250.00	
Full Name of Contributor Columbus Sheet Metal Workers Common Political Education						Registration Number, if PAC OH1053			
Street Address 3035 Lamb Ave			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Columbus		State OH	Zip Code 43219		M 1	D 0	Y 05	Amount 250.00	
Full Name of Contributor Marlene Lynn						Registration Number, if PAC			
Street Address 7725 Kelvin Way Drive			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Worthington		State OH	Zip Code 43085		M 1	D 0	Y 05	Amount 20.00	
Full Name of Contributor Kevin L. Boyce for City Council Committee						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Columbus		State OH	Zip Code 43216		M 1	D 0	Y 05	Amount 300.00	
Full Name of Contributor Sandra Humphries Riviears						Registration Number, if PAC			
Street Address 604 Manor Brook Drive			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Silver Springs		State MD	Zip Code 20905		M 1	D 0	Y 05	Amount 50.00	
Full Name of Contributor Mentel for Council						Registration Number, if PAC			
Street Address 3886 N. High Street			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Columbus		State OH	Zip Code 43214		M 1	D 0	Y 05	Amount 250.00	
Full Name of Contributor MaH Reedy						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash		
City Middletown		State OH	Zip Code 45044		M 1	D 0	Y 05	Amount 50.00	
Full Name of Contributor James Rishel						Registration Number, if PAC			
Street Address 7288 Lee Road			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Westerville		State OH	Zip Code 43081		M 1	D 0	Y 05	Amount 100.00	

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Page Total \$ **1270.00**

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Committee to Elect Andrea Peeples for Judge									
Full Name of Contributor David Pritchard						Registration Number, if PAC			
Street Address 1351 W First Avenue			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Columbus		State OH		Zip Code 43212		M 11		D 01	
						Y 05		Amount 100.00	
Full Name of Contributor Sanford J. Cohan Attorney at Law						Registration Number, if PAC			
Street Address 2500 Corporate Exchange #151			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Columbus		State OH		Zip Code 43231		M 11		D 01	
						Y 05		Amount 50.00	
Full Name of Contributor Bradley Hummel						Registration Number, if PAC			
Street Address 2101 Elgin Road			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Columbus		State OH		Zip Code 43081		M 11		D 04	
						Y 05		Amount 50.00	
Full Name of Contributor Matthew A Eldridge						Registration Number, if PAC			
Street Address 233 S High St			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Columbus		State OH		Zip Code 43215		M 11		D 01	
						Y 05		Amount 50.00	
Full Name of Contributor Verlenda Moore						Registration Number, if PAC			
Street Address 106 Cherry St.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Monticello		State AIR		Zip Code 71655		M 11		D 08	
						Y 05		Amount 50.00	
Full Name of Contributor Vickie Eggleston						Registration Number, if PAC			
Street Address 606 Old Troy Rd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Monticello		State AIR		Zip Code 71655		M 11		D 08	
						Y 05		Amount 50.00	
Full Name of Contributor Bridget E Carty						Registration Number, if PAC			
Street Address 420 E Royal Forest Blvd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Columbus		State OH		Zip Code 43214		M 11		D 02	
						Y 05		Amount 75.00	
Full Name of Contributor Bricker & Eckler LLP						Registration Number, if PAC			
Street Address 100 S. Third St.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Columbus		State OH		Zip Code 43215		M 11		D 09	
						Y 05		Amount 500.00	

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Page Total \$ 925.00

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Committee to Andrea Peeples for Judge									
Full Name of Contributor Unknown subject to bank deposit verification of items.						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City	State	Zip Code	M	D	Y	Amount 500.00			
Full Name of Contributor Unknown subject to bank deposit verification of items.						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City	State	Zip Code	M	D	Y	Amount 50.00			
Full Name of Contributor Unknown subject to bank deposit verification of items.						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City	State	Zip Code	M	D	Y	Amount 25.00			
Full Name of Contributor Unknown subject to bank deposit verification of items.						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City	State	Zip Code	M	D	Y	Amount 200.00			
Full Name of Contributor Unknown subject to bank deposit verification of items.						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City	State	Zip Code	M	D	Y	Amount 50.00			
Full Name of Contributor Unknown subject to bank deposit verification of items.						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City	State	Zip Code	M	D	Y	Amount 75.00			
Full Name of Contributor Unknown subject to bank deposit verification of items.						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City	State	Zip Code	M	D	Y	Amount 50.00			
Full Name of Contributor Unknown subject to bank deposit verification of items.						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City	State	Zip Code	M	D	Y	Amount 50.00			

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Page Total \$ 1000.00

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Committee to Andrea Peeples for Judge										
Full Name of Contributor Contributions from Form 31-E						Registration Number, if PAC				
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
City		State	Zip Code	M	D	Y	Amount			
				1	1	0	4	0	5	250.00
Full Name of Contributor						Registration Number, if PAC				
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
City		State	Zip Code	M	D	Y	Amount			
Full Name of Contributor						Registration Number, if PAC				
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
City		State	Zip Code	M	D	Y	Amount			
Full Name of Contributor						Registration Number, if PAC				
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
City		State	Zip Code	M	D	Y	Amount			
Full Name of Contributor						Registration Number, if PAC				
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
City		State	Zip Code	M	D	Y	Amount			
Full Name of Contributor						Registration Number, if PAC				
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
City		State	Zip Code	M	D	Y	Amount			
Full Name of Contributor						Registration Number, if PAC				
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
City		State	Zip Code	M	D	Y	Amount			
Full Name of Contributor						Registration Number, if PAC				
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
City		State	Zip Code	M	D	Y	Amount			

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Page Total \$ 250.00

Event Date 10-25-05
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Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Committee to Elect Andrea Peebles for Judge				
Full Name of Contributor Fraternal Order of Police Political Education Fund			Registration Number, if PAC	
Street Address 520 South High Street	Employer/Occupation/Labor Organization*		M D Y 10 25 05	Amount 300.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc) check	
Full Name of Contributor Fornia, Luftman + Heck, LLP			Registration Number, if PAC	
Street Address Two Miranova Place Ste 380	Employer/Occupation/Labor Organization*		M D Y 10 25 05	Amount 100.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc) check	
Full Name of Contributor Jenna S Fischberg			Registration Number, if PAC	
Street Address 1141 S Cassingham Rd	Employer/Occupation/Labor Organization*		M D Y 10 25 05	Amount 100.00
City Columbus	State OH	Zip Code 43209	Form (Cash, Check, etc) check	
Full Name of Contributor Jennifer S. Thompson			Registration Number, if PAC	
Street Address 7482 Vista Lake Way	Employer/Occupation/Labor Organization*		M D Y 10 25 05	Amount 100.00
City Powell	State OH	Zip Code 43065	Form (Cash, Check, etc) check	
Full Name of Contributor Marchelle E Moore			Registration Number, if PAC	
Street Address 7918 Slate Ridge Blvd	Employer/Occupation/Labor Organization*		M D Y 10 25 05	Amount 80.00
City Reynoldsburg	State OH	Zip Code 43068	Form (Cash, Check, etc) check	
Full Name of Contributor Bradley Hummel			Registration Number, if PAC	
Street Address 2101 Elgin Road	Employer/Occupation/Labor Organization*		M D Y 10 25 05	Amount 50.00
City Columbus	State OH	Zip Code 43221	Form (Cash, Check, etc) check	
Full Name of Contributor Stephen McIntosh			Registration Number, if PAC	
Street Address 799 Nob Hill Dr. W	Employer/Occupation/Labor Organization*		M D Y 10 25 05	Amount 50.00
City Gahanna	State OH	Zip Code 43230	Form (Cash, Check, etc) check	

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ **780.00**

Event Date	10-25-05
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Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Committee to Elect Andrea Peeples for Judge					
Full Name of Contributor Edwin Kirby				Registration Number, if PAC	
Street Address 4393 Colerain Avenue	Employer/Occupation/Labor Organization*			M 1	D 0
City Columbus	State OH	Zip Code 43214	Y 5	Amount 50.00	
Form(Cash,Check,etc) check					
Full Name of Contributor Eileen Paley				Registration Number, if PAC	
Street Address 668 Bellamy Pl	Employer/Occupation/Labor Organization*			M 1	D 0
City Columbus	State OH	Zip Code 43213	Y 5	Amount 40.00	
Form(Cash,Check,etc) check					
Full Name of Contributor Tannisha Bell				Registration Number, if PAC	
Street Address 617 Worthington Forest Place	Employer/Occupation/Labor Organization*			M 1	D 0
City Columbus	State OH	Zip Code 43229	Y 5	Amount 25.00	
Form(Cash,Check,etc) check					
Full Name of Contributor Gregory N. Finnerty Law Office				Registration Number, if PAC	
Street Address 85 E Gay Street #702	Employer/Occupation/Labor Organization*			M 1	D 0
City Columbus	State OH	Zip Code 43215	Y 5	Amount 35.00	
Form(Cash,Check,etc) check					
Full Name of Contributor Heather Lang				Registration Number, if PAC	
Street Address 3071 Birch Hollow Way	Employer/Occupation/Labor Organization*			M 1	D 0
City Columbus	State OH	Zip Code 43231	Y 5	Amount 10.00	
Form(Cash,Check,etc) Cash					
Full Name of Contributor Don Shartzner				Registration Number, if PAC	
Street Address 373 S High St.	Employer/Occupation/Labor Organization*			M 1	D 0
City Columbus	State OH	Zip Code 43215	Y 5	Amount 20.00	
Form(Cash,Check,etc) Cash					
Full Name of Contributor Sean Boyle				Registration Number, if PAC	
Street Address 490 S High Street	Employer/Occupation/Labor Organization*			M 1	D 0
City Columbus	State OH	Zip Code 43215	Y 5	Amount 50.00	
Form(Cash,Check,etc) cash					

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

\$1010.00

Total expenditures this event

0

Page Total \$ **230.00**

Event Date	11-04-05
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Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Committee to Elect Andrea Peeples for Judge					
Full Name of Contributor Charlene Jones			Registration Number, if PAC		
Street Address 5404 Latrobe St.	Employer/Occupation/Labor Organization*		M 11	D 04	Y 05
City Westerville	State OH	Zip Code 43081	Amount 50.00		
Form(Cash,Check,etc) check					
Full Name of Contributor Virginia Bryant			Registration Number, if PAC		
Street Address 6389 Rugosa Ave	Employer/Occupation/Labor Organization*		M 11	D 04	Y 05
City Reynoldsburg	State OH	Zip Code 43068	Amount 25.00		
Form(Cash,Check,etc) check					
Full Name of Contributor Lawrence Roseboro			Registration Number, if PAC		
Street Address 4400 Grays Market Dr	Employer/Occupation/Labor Organization*		M 11	D 04	Y 05
City Bahanna	State OH	Zip Code 43230	Amount 25.00		
Form(Cash,Check,etc) Cash					
Full Name of Contributor Vernon Pringle			Registration Number, if PAC		
Street Address 5596 Winsor Woods	Employer/Occupation/Labor Organization*		M 11	D 04	Y 05
City Columbus	State OH	Zip Code 43230	Amount 50.00		
Form(Cash,Check,etc) Cash					
Full Name of Contributor Edward E Stewart			Registration Number, if PAC		
Street Address 6058 Green Bay Court	Employer/Occupation/Labor Organization*		M 11	D 04	Y 05
City Canal Winchester	State OH	Zip Code 43110	Amount 25.00		
Form(Cash,Check,etc) check					
Full Name of Contributor John C. Murphy			Registration Number, if PAC		
Street Address 4668 Winery Way	Employer/Occupation/Labor Organization*		M 11	D 04	Y 05
City Columbus	State OH	Zip Code 43230	Amount 25.00		
Form(Cash,Check,etc) check					
Full Name of Contributor Bethany A. Hammond			Registration Number, if PAC		
Street Address 549 Illinois Ct	Employer/Occupation/Labor Organization*		M 11	D 04	Y 05
City Westerville	State OH	Zip Code 43081	Amount 25.00		
Form(Cash,Check,etc) check					

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ **225.00**

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Committee to Elect Andrea Peeples for Judge					
Full Name of Contributor <i>Mary Hart</i>			Registration Number, if PAC		
Street Address <i>1162 Rand Avenue</i>	Employer/Occupation/Labor Organization*		M	D	Y
City <i>Columbus</i>	State <i>OH</i>	Zip Code <i>43227</i>	Form(Cash,Check,etc) <i>check</i>		Amount <i>25.00</i>
Full Name of Contributor			Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Form(Cash,Check,etc)		Amount
Full Name of Contributor			Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Form(Cash,Check,etc)		Amount
Full Name of Contributor			Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Form(Cash,Check,etc)		Amount
Full Name of Contributor			Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Form(Cash,Check,etc)		Amount
Full Name of Contributor			Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Form(Cash,Check,etc)		Amount
Full Name of Contributor			Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Form(Cash,Check,etc)		Amount

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

\$250.00

Total expenditures this event

0

Page Total \$ **25.00**

In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Committee to Elect Andrea Peeples for Judge			
Full Name of Contributor Jeremy Dodgion AHy at Law L.P.A.		Employer, Occupation, Labor Organization *	
Street Address 1188 S. High Street		Description of Item or Service Postage	
City Columbus		M 1 D 0 Y 0 Fair Market Value 280.39 Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor In-kind contributions received		Employer, Occupation, Labor Organization *	
Street Address at fundraising event of		Description of Item or Service \$250 or less	
City		M 1 D 0 Y 0 Fair Market Value Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor In-kind contributions received		Employer, Occupation, Labor Organization *	
Street Address at fundraising event of		Description of Item or Service \$250 or less	
City		M 1 D 0 Y 0 Fair Market Value Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor		Employer, Occupation, Labor Organization *	
Street Address		Description of Item or Service	
City		M D Y Fair Market Value Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor		Employer, Occupation, Labor Organization *	
Street Address		Description of Item or Service	
City		M D Y Fair Market Value Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor		Employer, Occupation, Labor Organization *	
Street Address		Description of Item or Service	
City		M D Y Fair Market Value Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor		Employer, Occupation, Labor Organization *	
Street Address		Description of Item or Service	
City		M D Y Fair Market Value Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor		Employer, Occupation, Labor Organization *	
Street Address		Description of Item or Service	
City		M D Y Fair Market Value Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor		Employer, Occupation, Labor Organization *	
Street Address		Description of Item or Service	
City		M D Y Fair Market Value Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full					
Committee to Elect Andrea Peebles for Judge					
Full Name			Registration Number, if PAC		
Calvin L. Peebles					
Address	Type*		M	D	Y
6401 Stoll Lane	L N		1	0	2
City	State	Zip Code	Amount		
Cincinnati	0 1	45-236	3000.00		
Form(Cash,Check,etc)					
check					
Full Name			Registration Number, if PAC		
Calvin L. Peebles					
Address	Type*		M	D	Y
6401 Stoll Lane	L N		1	0	2
City	State	Zip Code	Amount		
Cincinnati	0 1	45-236	6500.00		
Form(Cash,Check,etc)					
check					
Full Name			Registration Number, if PAC		
Calvin L. Peebles					
Address	Type*		M	D	Y
6401 Stoll Lane	L N		1	1	0
City	State	Zip Code	Amount		
Cincinnati	0 1	45-236	1000.00		
Form(Cash,Check,etc)					
check					
Full Name			Registration Number, if PAC		
Address	Type*		M	D	Y
City	State	Zip Code	Amount		
Form(Cash,Check,etc)					
Full Name			Registration Number, if PAC		
Address	Type*		M	D	Y
City	State	Zip Code	Amount		
Form(Cash,Check,etc)					
Full Name			Registration Number, if PAC		
Address	Type*		M	D	Y
City	State	Zip Code	Amount		
Form(Cash,Check,etc)					
Full Name			Registration Number, if PAC		
Address	Type*		M	D	Y
City	State	Zip Code	Amount		
Form(Cash,Check,etc)					

* Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, place the letters IN for any investment or interest income earned by the committee, SA for the sale of committee assets, or LN for payments received on a loan made.

Page Total \$ 10500.00

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Committee to Elect Andrea Peeples for Judge									
To Whom Paid Buckeye Printing & Mailing Services Inc						M	D	Y	Amount
Address 217 North Grant Ave						1	0	2	1030.52
Purpose Literature + Mailing									
City Columbus		State OH		Zip Code 43215		Check Number 1030			
To Whom Paid Policy Works						M	D	Y	Amount
Address						1	0	2	1500.00
Purpose Radio Buy									
City Columbus		State OH		Zip Code		Check Number 1031			
To Whom Paid Triumph Communications						M	D	Y	Amount
Address 1480 Dublin Road						1	0	2	15000.00
Purpose Television Buy - Advertising									
City Columbus		State OH		Zip Code 43215		Check Number 1032			
To Whom Paid Triumph Communications						M	D	Y	Amount
Address 1480 Dublin Road						1	1	0	10703.20
Purpose Television Buy - Advertising									
City Columbus		State OH		Zip Code 43215		Check Number 1035			
To Whom Paid Buckeye Printing & Mailing Services Inc						M	D	Y	Amount
Address 217 North Grant Ave						1	0	2	2532.11
Purpose Literature									
City Columbus		State OH		Zip Code 43215		Check Number 1033			
To Whom Paid Ted Barrows						M	D	Y	Amount
Address 4834 Sarasota Drive						1	0	2	50.00
Purpose Refund Excess Contribution									
City Hilliard		State OH		Zip Code 43026		Check Number 1034			
To Whom Paid Triumph Communications						M	D	Y	Amount
Address 1480 Dublin Road						1	1	0	5280.42
Purpose Television - Advertising									
City Columbus		State OH		Zip Code 43215		Check Number 1036			
To Whom Paid Taft Steffinius & Hallister LLP						M	D	Y	Amount
Address 21 E. State Street						1	1	1	13.80
Purpose photo copies									
City Columbus		State OH		Zip Code 43215		Check Number 1037			

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Committee to Elect Andrea Peeples for Judge									
To Whom Paid Brainstorm Media Inc.						M	D	Y	Amount
Address 1480 Dublin Road						111	117	015	243.07
City Columbus						Purpose Production-television advertising			
State OH						Zip Code 43215		Check Number 1038	
To Whom Paid Field Resource Management Inc						M	D	Y	Amount
Address 3246 W. Henderson Road - A						111	117	015	2872.50
City Columbus						Purpose 			
State OH						Zip Code 43220		Check Number 1039	
To Whom Paid JW Cleary						M	D	Y	Amount
Address 1511 Northwest Blvd						111	117	015	962.61
City Columbus						Purpose Yard Signs			
State OH						Zip Code 43212		Check Number 1040	
To Whom Paid JW Cleary						M	D	Y	Amount
Address 1511 Northwest Blvd						111	117	015	1491.51
City Columbus						Purpose Yard Signs			
State OH						Zip Code 43212		Check Number 1041	
To Whom Paid Andrea Peeples						M	D	Y	Amount
Address 5596 Winsor Woods						112	018	015	60.63
City Columbus						Purpose Reimbursement - Telephone			
State OH						Zip Code 43230		Check Number 1042	
To Whom Paid PayPal						M	D	Y	Amount
Address 						110	215	015	3.20
City 						Purpose Service Charge			
State 						Zip Code 		Check Number 	
To Whom Paid 						M	D	Y	Amount
Address 									
City 						Purpose 			
State 						Zip Code 		Check Number 	
To Whom Paid 						M	D	Y	Amount
Address 									
City 						Purpose 			
State 						Zip Code 		Check Number 	

Statement of Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee Committee to Elect Andrea Peebles for Judge												
From Whom Received Calvin Peebles						Prior Amount 15,000.00		Amt. Incurred this Period 10500				
Address 6401 Still Lane								Outstanding Balance 25,500.00				
City Cincinnati	State OH	Zip Code 45236	Loans Received This Period				Payments This Period					
			Date		Amount		Date		Amount			
Date Loan was originally made	M	D	Y	M	D	Y	\$	M	D	Y	\$	
	0	3	16	05	10	27	05	3000.00				0
Registration Number, if PAC			M	D	Y			M	D	Y		
			1	0	27	05	6500.00					
Employer/Occupation/Labor Organization*			M	D	Y			M	D	Y		
			1	1	02	05	1000.00					
From Whom Received						Prior Amount		Amt. Incurred this Period				
Address								Outstanding Balance				
City	State	Zip Code	Loans Received This Period				Payments This Period					
			Date		Amount		Date		Amount			
Date Loan was originally made	M	D	Y	M	D	Y	\$	M	D	Y	\$	
Registration Number, if PAC			M	D	Y			M	D	Y		
Employer/Occupation/Labor Organization*			M	D	Y			M	D	Y		
From Whom Received						Prior Amount		Amt. Incurred this Period				
Address								Outstanding Balance				
City	State	Zip Code	Loans Received This Period				Payments This Period					
			Date		Amount		Date		Amount			
Date Loan was originally made	M	D	Y	M	D	Y	\$	M	D	Y	\$	
Registration Number, if PAC			M	D	Y			M	D	Y		
Employer/Occupation/Labor Organization*			M	D	Y			M	D	Y		

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If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space. Transfer total of all loans received this period to the Statement of Other Income (Form No. 31-A-2). Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Transfer Total Outstanding Balance to the cover page (Form No. 30-A).

- Total prior amount \$ 15,000.00
- Total received this period \$ 10,500.00 (To Form No. 31-A-2)
- Total Payments this Period \$ 0 (also record on Form 31-B)
- Total Outstanding Balance \$ 25,500.00 (To Form No. 30-A)